**Section 1: Contact Information**

* Name of Researcher:
* Organization:
* Address:
* E-mail address:
* Telephone:

**Section 2: Data Requested**

|  |  |  |
| --- | --- | --- |
| **Data requested** | **Check requested data** | **Fee** |
| 2016 Profile Study |  | $200 |
| FIPS codes for LHDs in 2016 Profile Study (Excel only) |  | Free |
| 2015 Forces of Change Study |  | $100 |
| 2014 Forces of Change Study |  | $100 |
| 2013 Profile Study |  | $200 |
| FIPS codes for LHDs in 2013 Profile Study (Excel only) |  | Free |
| 2010 Profile Study |  | $200 |
| FIPS codes for LHDs in 2010 Profile Study (Excel only) |  | Free |
| 2008 Profile Study |  | $200 |
| FIPS codes for LHDs in 2008 Profile Study (Excel only) |  | Free |
| 2005 Profile Study |  | $200 |
| 1996-97 Profile Study |  | $200 |
| 1992-93 Profile Study |  | $200 |
| 1989 Profile Study |  | $200 |

Please indicate your preference for data formatting:

**SPSS SAS Stata Excel (2013)**

Does your research require data that identifies the local health departments? Yes\* No

\*If yes, please explain why you need identified data and list other data sources that you will be linking with NACCHO’s data.

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**Section 3: Fee Reduction or Waiver**

I do not request a fee reduction or waiver.

I request a fee reduction.

I request a fee waiver.+

***If requesting a fee waiver, please answer the following questions:***

Do you currently have financial support for the proposed research?

 Yes\*  No^

*\*If* ***Yes****:*

* Funding Organization(s):
* Amount of support: **$**

*^If* ***No****:*

* Are you in the process of applying for financial support?

 Yes  No

* Do you intend to do so in the future?

 Yes  No

***If requesting a fee reduction, please answer the following question:***

List the amount that you are able to pay: **$**

Provide any other information that will assist NACCHO in evaluating your request for fee waiver or reduction.

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**Section 4: Description of Planned Research**

Purpose of Study:

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Hypotheses and/or Research Questions:

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Benefits to local public health practice:

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**Section 5: Plans for Disseminating Results**

Describe briefly your plans for disseminating results, including the venue for dissemination (e.g., peer-reviewed publication(s), conference presentations, thesis, other publications) and the expected time frame.

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**Section 6: Provisions for Using NACCHO’s Data**

* + - * 1. ***Researcher understands that these data are self-reported by local health departments***. While NACCHO has examined these data and removed data that were clearly erroneous, the data provided by the local health departments were not independently verified.
        2. One of the following citation should be used in all publications using these data. For Profile datasets, insert appropriate year for each data set used and specify whether data from core, modules, or both were used.

Profile:

National Association of County and City Health Officials – NACCHO (Year). *National Profile of Local Health Departments Survey, (Year): Core and Modules* [Data file]. Obtained (Date) from NACCHO.

Forces of Change:

National Association of County and City Health Officials – NACCHO (Year). *Forces of Change Survey, (Year)*. Obtained (Date) from NACCHO.

* + - * 1. Any publication using these data will acknowledge NACCHO and the funders of the studies. The Centers for Disease Control and Prevention provided funding for all studies; the Robert Wood Johnson Foundation provided funding for the 2008, 2010, 2013 and 2016 Profile studies and the 2014 and 2015 Forces of Change surveys.
        2. All researchers are encouraged not to disclose the identification of individual local health department in publications, reports, etc*.* ***If data on individual health departments are disclosed, the individual health departments must authorize disclosure of the information.***
        3. Researcher will use the data only for the requested use. If researcher wishes to examine unrelated hypotheses using the data already obtained, another data use request must be submitted to NACCHO.
        4. Researcher will NOT release any portion of the data to another party.

***Requestor has reviewed the data use provisions and agrees to observe them.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Signature Date

**Submit completed form to:** ProfileTeam**,** NACCHO; 1100 17th St. NW, Seventh Floor; Washington, DC 20036 or via e-mail to [ProfileTeam@naccho.org](mailto:ProfileTeam@naccho.org).